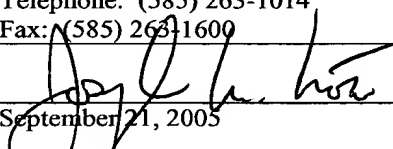
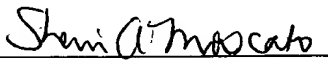


2655

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/800,212	
	Filing Date	March 6, 2001	
	First Named Inventor	Jeffrey K. Lange et al.	
	Group Art Unit	2655	
	Examiner Name	James S. Wozniak	
Total Number of Pages in This Submission		Attorney Docket Number	1819/100121

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply (\$75)	<input type="checkbox"/> Declaration and Power of Attorney	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request (\$510)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Application Data Sheet
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> A check in the amount of \$585
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Joseph M. Noto, Esq. c/o Gunnar G. Leinberg, Esq. Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1014 Fax: (585) 263-1600
Signature	 Registration No. 32,163
Date	September 21, 2005

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	
I hereby certify that this correspondence is being:	
<input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450	
<input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____	
September 21, 2005 Date	 Signature Sherri A. Moscato Typed or printed name

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

FOR FY 2005

SEP 23 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)75

Complete if Known

Application Number	09/800,212
Filing Date	March 6, 2001
First Named Inventor	Jeffrey K. Lange et al.
Examiner Name	James S. Wozniak
Art Unit	2655
Attorney Docket No.	1819/100121

**METHOD OF PAYMENT** (check all that apply)

☒ Check   ☐ Credit Card   ☐ Money Order   ☐ None   ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account   Deposit Account Number: 14-1138   Deposit Account Name: Nixon Peabody LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   ☒ Credit any overpayments

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple document claims	360	180

**Total Claims**   24   - 21 or HP =   3   x   \$25   =   \$75   **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

**Multiple Dependent Claims**

\$180   **Fee (\$)**   \$0   **Fee Paid (\$)**

**Indep. Claims**   3   - 3 or HP =   0   x   \$100   =   \$0   **Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

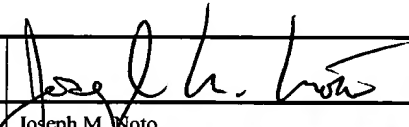
**Total Sheets**                - 100 =                / 50 =                (round up to a whole number)   x                =                **Fee Paid (\$)**

**4. OTHER FEE(S)**

Non-English Specification,   \$130 fee (no small entity discount)

Other: \_\_\_\_\_

**SUBMITTED BY**

Signature		Registration No.   32,163 (Attorney/Agent)	Telephone   (585) 263-1601
Name (Print/Type)	Joseph M. Woto	Date	September 21, 2005

**CERTIFICATE OF MAILING OR TRANSMISSION [35 CFR 1.8(a)]**

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Signature: Sherri A. Moscato

Name: Sherri A. Moscato

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